

FILED

APR 1 6 2015

Docketed by

IN THE MATTER OF:

KELBY M. MIKSCH

CASE NO.: 170712-15-AG

NOTICE OF REVOCATION

Kelby M. Miksch is hereby notified that the Chief Financial Officer of the State of Florida has caused to be made an investigation of his activities while licensed as an insurance agent in this state, as a result of which it is found:

- 1. Pursuant to chapter 626, Florida Statutes, Kelby M. Miksch, license #P186915, is currently licensed as a life including variable annuity and health agent.
- 2. At all times pertinent to the dates and occurrences referred to herein, Kelby M. Miksch was licensed as a life including variable annuity and health agent.
- 3. Pursuant to chapter 626, Florida Statutes, the Florida Department of Financial Services has jurisdiction over all licenses and eligibility for licensure which Kelby M. Miksch currently holds.
- 4. On September 16, 2010, in the Circuit Court for the Sixth Judicial Circuit, in and for Pinellas County, Florida, Case No. CRC10-18375CFANO-A, Kelby M. Miksch was charged with two counts of Obtaining or Attempting to Obtain a Controlled Substance by Fraud, both felonies.

- 5. On October 10, 2010, in the Circuit Court for the Sixth Judicial Circuit, in and for Pinellas County, Florida, Case No. CRC10-18375CFANO-A, Kelby M. Miksch pled guilty to the aforementioned charges, was sentenced to two (2) years of drug offender probation, and was adjudicated guilty.
 - 6. Section 626.631(1), Florida Statutes, provides that:

If any licensee is convicted by a court of a violation of this code or a felony, the licenses and appointments of such person shall be immediately revoked by the department. The licensee may subsequently request a hearing pursuant to ss. 120.569 and 120.57, and the department shall expedite any such requested hearing. The sole issue at such hearing shall be whether the revocation should be rescinded because such person was not in fact convicted of a violation of this code or a felony.

7. Kelby M. Miksch's felony conviction constitutes grounds for the immediate revocation of his licenses and appointments pursuant to section 626.631(1), Florida Statutes.

WHEREFORE, Kelby M. Miksch is hereby notified that any and all licenses and appointments previously issued to him under the Florida Insurance Code are hereby revoked.

Kelby M. Miksch is further notified that pursuant to section 626.641, Florida Statutes:

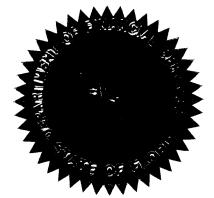
(2) No person or appointee under any license or appointment revoked by the department, nor any person whose eligibility to hold same has been revoked by the department, shall have the right to apply for another license or appointment under this code within 2 years from the effective date of such revocation or, if judicial review of such revocation is sought, within 2 years from the date of final court order or decree affirming the revocation. An applicant for another license or appointment pursuant to this subsection must apply and qualify for licensure in the same manner as a first-time applicant, and the application may be denied on the same grounds that apply to first-time applicants for licensure pursuant to ss. 626.207, 626.611, and 626.621. In addition, the department shall not grant a new license or appointment or reinstate eligibility to hold such license or appointment if it finds that the circumstance or circumstances for which the eligibility was revoked or for which the previous license or appointment was revoked still exist or are likely to recur; if an individual's license as

agent or customer representative or eligibility to hold same has been revoked upon the ground specified in s. 626.611(1)(1), the department shall refuse to grant or issue any new license or appointment so applied for.

(4) During the period of suspension or revocation of the license or appointment, and until the license is reinstated or, if revoked, a new license issued, the former licensee or appointee shall not engage in or attempt or profess to engage in any transaction or business for which a license or appointment is required under this code or directly or indirectly own, control, or be employed in any manner by any insurance agent or agency or adjuster or adjusting firm.

DONE and ORDERED this 16th day of 1701

, 2015.



Gregory Thomas Director, Agent & Agency Services

COPIES FURNISHED TO:

Kelby M. Miksch 334 East Lake Road, #333 Palm Harbor, Florida 34685

Kelby M. Miksch 205 South Street Palm Harbor, Florida 34683

Greg Thomas, Director Division of Agent & Agency Services 200 East Gaines Street Tallahassee, Florida 32399

Complaint & Settlement Division of Legal Services 200 East Gaines Street Tallahassee, Florida 32399-0333

NOTICE OF RIGHTS

You have the right to request a proceeding to contest this action by the Department of Financial Services (the "Department") pursuant to sections 120.569 and 120.57, Florida Statutes, and chapter 28-106, *Florida Administrative Code*. The proceeding request must be in writing, signed by you, and must be filed with the Department within twenty-one (21) days of your receipt of this notice. Completion of the attached Election of Proceeding form and a petition for administrative hearing are required. The request must be filed with Julie Jones, DFS Agency Clerk, at the Florida Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0333. Your written response must be received by the Department no later than 5:00 p.m. on the twenty-first day after your receipt of this notice. Mailing the response on the twenty-first day will not preserve your right to a hearing.

FAILURE TO ENSURE THAT YOUR WRITTEN RESPONSE IS RECEIVED BY THE DEPARTMENT WITHIN TWENTY-ONE (21) DAYS OF YOUR RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO REQUEST A PROCEEDING ON THE MATTERS ALLEGED HEREIN.

If you request a proceeding, you must provide information that complies with the requirements of Rule 28-106.2015, *Florida Administrative Code*. Specifically, your response must contain:

- (a) The name, address, telephone number, and facsimile number (if any) of the respondent (for the purpose of requesting a hearing in this matter, you are the "respondent").
- (b) The name, address, telephone number, and facsimile number of the attorney or qualified representative of the respondent (if any) upon whom service of pleadings and other papers shall be made.
- (c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

- (d) A statement of when the respondent received the notice of revocation.
- (e) A statement including the file number to the notice of revocation.

If a hearing of any type is requested, you have the right to be represented by counsel or other qualified representative at your expense, to present evidence and argument, to call and cross-examine witnesses, and to compel the attendance of witnesses and the production of documents by subpoena.

If a proceeding is requested and there is no dispute of material fact, the provisions of section 120.57(2), Florida Statutes, apply. In this regard, you may submit oral or written evidence in opposition to the action taken by the Department or a written statement challenging the grounds upon which the Department has relied. While a hearing is normally not required in the absence of a dispute of fact, if you feel that a hearing is necessary, one will be conducted in Tallahassee, Florida, or by telephonic conference call upon your request.

However, if you dispute material facts which are the basis for the Department's action, you must request an adversarial proceeding pursuant to sections 120.569 and 120.57(1), Florida Statutes. These proceedings are held before an administrative law judge of the State of Florida Division of Administrative Hearings. Unless the majority of witnesses are located elsewhere, the Department will request that the hearing be conducted in Tallahassee, Florida.

Failure to follow the procedure outlined with regard to your response to this notice may result in the request being denied. All prior oral communication or correspondence in this matter shall be considered free form agency action, and no such oral communication or correspondence shall operate as a valid request for an administrative proceeding. Any request for an administrative proceeding received before the date of this notice shall be deemed abandoned unless timely renewed in compliance with the guidelines as set out above.

Mediation of this matter pursuant to section 120.573, Florida Statutes, is not available. No Department attorney will discuss this matter with you during the time frame in which you have to request a hearing.

NOTICE OF RIGHT TO APPEAL

Any party to these proceedings adversely affected by this Order is entitled to seek review within thirty (30) days of the rendition of this Order, pursuant to section 120.68, Florida Statutes, and Rule 9.190, *Florida Rules of Appellate Procedure*. Review proceedings must be instituted by filing a petition or notice of appeal with Julie Jones, the DFS Agency Clerk. Filing with the Agency Clerk may be accomplished via U.S. Mail, express overnight delivery, hand delivery, facsimile transmission, or electronic mail. The address for overnight delivery or hand delivery is Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida, 32399-0390. The fax number is (850) 488-0697. The email address is Julie.Jones@myfloridacfo.com.

A copy of the petition or notice of appeal must also be filed with the appropriate district court of appeal within thirty (30) days of the rendition of this Order.

CERTIFCATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Revocation has been furnished to: Kelby M. Miksch, 334 East Lake Road, #333, Palm Harbor, Florida 34686; Kelby M. Miksch, 205 South Street, Palm Harbor, Florida 34683; by certified mail this day of ________, 2015.

91 7199 9991 7032 7167 7048

Leah L. Marino
Managing Attorney
Department of Financial Services
Division of Legal Services
612 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0333
(850) 413-4227

STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES DIVISION OF LEGAL SERVICES

IN THE	MATTER OF	:	
KELBY M. MIKSCH			CASE NO.: 170712-15-AG
("Dep	artment") against	e read the Notice of Revocati	ON OF PROCEEDING ion filed by the Florida Department of Financial Services Rights contained therein, and I understand my options. I am requesting OSE ONE)
1. []	I do not dispute any of the Department's factual allegations and I do not desire a hearing. I understand that by waiving my right to a hearing, the Department may enter a final order that adopts the Notice of Revocation and imposes the sanctions sought, including revoking my licenses and appointments as may be appropriate.		
2.	I <u>do not</u> dispute any of the Department's factual allegations and I hereby elect a proceeding to be conducted in accordance with section 120.57(2), Florida Statutes. In this regard, I desire to (CHOOSE ONE):		
	[]	Submit a written statement	and documentary evidence in lieu of a hearing; or
	[]	Personally attend a hearing	conducted by a department hearing officer in Tallahassee; or
	[]	Attend that same hearing by	way of a telephone conference call.
3. []	I do dispute one or more of the Department's factual allegations. I hereby request a hearing pursuant to section 120.57(1), Florida Statutes, to be held before the Division of Administrative Hearings. I have attached to this election form the information required by Rule 28-106.2015, Florida Administrative Code, as specified in subparagraph (c) of the Notice of Rights. Specifically, I have identified the disputed issues of material fact.		
OF FINA REVOCA	NCIAL SERVICTION. THE RE	CES WITHIN TWENTY- SPONSE MUST BE <u>RECE</u>	OU MUST FILE YOUR RESPONSE WITH THE DEPARTMENT ONE (21) DAYS OF YOUR RECEIPT OF THE NOTICE OF CIVED BY THE DEPARTMENT NO LATER THAN 5:00 P.M. ON PT OF THE ADMINISTRATIVE COMPLAINT.
		lie Jones, DFS Agency Clerk, see, Florida 32399-0333.	Florida Department of Financial Services, 612 Larson Building, 200
Signature			Print Name
Date:			Address:
	of Revocation		
If (Respondent's name) is represented by an attorney or qualified representative, please attach to this election form his or her name, address, telephone and fax numbers			Phone No.:
			Fax No.:

E-mail_____